

## Town of Shrewsbury 2017 Senior Plan Payroll Agreement

I \_\_\_\_\_ authorize the Town of Shrewsbury to deduct the premium designated below from my monthly: (    ) MTR Check (    ) Retirement Check (    ) Direct Payment

Monthly Retirees				Monthly Surviving Spouses			
<b>Medicare Supplement Plans</b>							
	EMP	TOWN		EMP	TOWN		
<b>Harvard Pilgrim Medicare Enhance with First Health Part D</b>							
Subscriber	___	\$171.00	\$171.00 8712	___	\$171.00	\$171.00 8722	
Subscriber x 2	___	\$342.00	\$342.00 8732				
<b>Blue Cross Blue Shield Medex II with Blue Med Rx</b>							
Subscriber	___	\$189.50	\$189.50 8742	___	\$189.50	\$189.50 8744	
Subscriber x 2	___	\$379.00	\$379.00 8747				
<b>Tufts Medicare Prime Supplement with PDP Plus</b>							
Subscriber	___	\$177.00	\$177.00 8670	___	\$177.00	\$177.00 8671	
Subscriber x 2	___	\$354.00	\$354.00 8672				
<b>HMO Medi-Wrap Plans</b>							
	EMP	TOWN		EMP	TOWN		
<b>Blue Cross Blue Shield Manged Blue for Seniors</b>							
Subscriber	___	\$138.00	\$207.00 8752	___	\$172.50	\$172.50 8754	
Subscriber x 2	___	\$276.00	\$414.00 8757				
<b>Medicare Advantage HMO Plans</b>							
	EMP	TOWN		EMP	TOWN		
<b>Fallon Senior HMO</b>							
Subscriber	___	\$89.57	\$248.43 8612	___	\$169.00	\$169.00 8622	
Subscriber x 2	___	\$179.14	\$496.86 8632				
<b>Tufts Medicare Preferred HMO</b>							
Subscriber	___	\$78.44	\$217.56 8652	___	\$148.00	\$148.00 8654	
Subscriber x 2	___	\$156.88	\$435.12 8657				
<b>Life Insurance</b>							
	EMP	TOWN					
Basic Life	___	\$4.24	\$4.24 8900				
Optional Life	___ \$ _____ 8912 Formula: \$4.00 x Ins. Total per 1,000 \$ _____						

I understand that if my premiums are not deducted correctly from my payroll/retirement check it is my responsibility to notify the Town Benefits Administrator, and I will be responsible for all back premiums. I also understand that the Town deducts premium one month in advance of coverage and additional premium due upon initial enrollment will also be deducted from my first payroll/retirement check.

EFFECTIVE DATE: \_\_\_\_\_

SIGNED \_\_\_\_\_ DATED \_\_\_\_\_